



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY

PUBLIC HEALTH SERVICES HEALTH SERVICES COMPLEX

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Epidemiology & Immunization Services
Emergency & Disaster Medical Services
HIV, STD and Hepatitis
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing
Border Health
TB Control & Refugee Health
Vital Records

MISSION STATEMENT

“As advisors to the San Diego County Board of Supervisors, the Mission of the Emergency Medical Care Committee is to be an advocate for the community through the development of strategies for continuous improvement of the emergency medical services system.”

EMERGENCY MEDICAL CARE COMMITTEE (EMCC) MEETING Minutes

Thursday, November 29, 2012

Members Present

Abbott, Stephen – District Five
Adler, Fred – District Three
Bull, R.N., Pat – American Red Cross
Carlson, R.N., Sharon – Hospital Assoc. of SD/Imp Counties
Green, R.N., Katy – District One
Jacoby, M.D., Jake – District Four
Marugg, Jim – S.D. County Paramedics Association
Meadows-Pitt, R.N., Mary – District Two
Rice, Mike – Ambulance Association of San Diego
Rothlein, Sgt. Jason – Law Enforcement
Rosenberg, R.N., Linda – Emergency Nurses Association
Rosenberger, R.N., Wendy – Base Hospital Nurse Coordinators

Vacant Positions

League of California Cities
Military Agencies
San Diego County Medical Society
San Diego Emergency Physicians' Society

In Attendance

Bruton, Heather – Sheriff Emergency
Planning
Lorek, Tristan – Sheriff Emergency Planning
Parra, Frank - S.D. Co. Fire Chiefs
Association

County Staff

Beam, Jamie
Haynes, M.D., Bruce
Metz, Marcy
Pate, R.N., Rebecca
Ray, Leslie
Smith, Ryan

Recorder

Wolchko, Janet I.

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Linda Rosenberg, Chair, brought the meeting to order at 9:03 am. Those in attendance introduced themselves.

II. PUBLIC COMMENTS/PETITIONS

There were no public comments or petitions submitted.

III. APPROVAL OF MINUTES

A motion was made by Katy Green, seconded by Jim Marugg to approve the EMCC minutes from October 24, 2012. Motion carried.

IV. STANDING SUBCOMMITTEE REPORTS

A. Prehospital/Hospital – Policy review and approval

S-001, Emergency Medical Services System Compliance with State Statutes and Regulations. After review, there were no changes to the policy.

A-876, Air Ambulance Dispatch Center Designation/Dispatch of Air Ambulance. Policy A-876 was approved and reviewed at the Prehospital Subcommittee meeting several months ago, but due to meeting postponement, the policy is now being brought forward to the full EMCC committee for final approval. The air ambulance agency that currently provides service in the area was involved in the policy review.

If there is more than one air ambulance provider in the County, this policy allows for a central dispatching point of service designated by the County of San Diego. The County will make sure that the dispatch agency meets requirements. Negotiation regarding the financial responsibility will remain between the provider and dispatch agency.

Discussion ensued on dispatch services, direct calls and emergency dispatch coordination in the County.

P-300, Paramedic Training Program Student Eligibility. Representatives from the paramedic training agencies were involved in the policy review. Language was changed to reflect similar language in current policies. Under requirements, wording was changed from “possess a current EMT or AEMT certificate” to “possess and maintain a current EMT or AEMT certificate” due to occasions where an EMT would let their certificate lapse during the process of getting their license as a paramedic. Training agencies at the meeting recommended adding full time to the six months experience under requirements.

There was discussion on requirements for EMT’s and paramedics to get a flu vaccine. Dr. Haynes reported that there are an increasing number of hospitals in the country that are making vaccination mandatory for staff, in some cases you have to wear a mask if you don’t get the vaccination; the number of people in hospitals receiving flu vaccinations in California is 60% to 65%. If there was mandatory vaccination that percentage could go up.

A letter from Dr. Wooten, PHS Director, was distributed with the Healthcare Capacity plan yesterday regarding healthcare facilities having the flu vaccine available to the health community.

P-302, Placement of Paramedic Interns in San Diego County and Attachment A, Application for Out-of-County Internship in San Diego County. Discussion on Attachment A, Application for Out-of-County Internship in San Diego County for paramedic interns included requirements and identification for paramedic interns. The completed application will go to the training agency in San Diego County where the person will be doing their internship. The policy revision is to require all paramedic interns to have the identification number for documentation purposes. Definition of “In-County” and “Out-of-County” paramedic training program was updated as well as policy for a County identification number.

EMCC discussed the number of required intubations listed in the policy.

A motion was made by Mike Rice, seconded by Sharon Carlson to approve Policies A-876, S-001, P-300, P-302 and P-302 Attachment. Motion carried.

B. Education and Research

Education and Research Subcommittee did not meet.

C. Disaster/Operations

Sharon Carlson reported on the Statewide Medical Healthcare Exercise that took place on November 15, 2012. The exercise was held from 7 pm to 11 pm which allowed evening/night employees to participate. Neonatal Intensive Care Unit (NICU) evacuation was tested as part of the Hospital Preparedness Program (HPP). One of the partnership projects is to initiate a Concept of Operations Plan for NICU evacuation.

Dr. Haynes mentioned NICU involvement during hurricane Sandy and referred to the picture that was shown of the nurse carrying an intubated infant while being transferred.

TRAIN color code matching is used in assessing infants by attaching a color code to identify what care is needed. The neonatal triage is similar to “Triage Tags”.

Action Item: Sharon Carlson will provide the PowerPoint on TRAIN color coding to be distributed to EMCC.

EMCC discussed triage, color coding and communications. It was suggested that the subject should be brought to the Base Station Hospital Committee (BSPC) and Prehospital Audit Committee (PAC) to be added to the Pearls.

V. FEE SCHEDULE (Jamie Beam)

Jamie Beam presented information on the EMS fee schedule for FY 2012/13. Under Board Policy B-29, EMS has an obligation to review the program cost, and review the revenue being generated from the current fee structure to ensure the revenue is enough to offset the

permitting cost. Personnel fees have not changed since 1990 and agency fees have not changed since 1995.

- A. Personnel Fees include EMT certification, Paramedic accreditation and Mobile Intensive Care Nurse (MICN) authorization. At the previous EMCC meeting there was a proposal to move forward with a \$15 lapse fee if the certification is more than 30 days late. Lapse fee comparisons between counties range from \$10 to \$300.

Prior to EMT 2010, EMS received approximately 3,000 applicants annually at a cost of \$150,000. Both the costs and the number of applicants have gone up post EMT 2010. The proposed FY 2013/14 certification fee is \$50 for full cost recovery.

There is no data on the number of late applicants each year; therefore it is difficult to project the amount of revenue this would generate. Additionally, it is hopeful that the \$15 lapse fee will be a deterrent for letting certification lapse. There was further discussion on what other counties charge for lapse fees, state requirements on continuing education penalties for lapsed certification, and agency requirements on lapsed certification.

EMCC showed support for a \$15 fee after a 30 day lapse in certification and \$50 fee for certification, accreditation and authorization.

- B. Agency fees include permit and inspection fees, and continuing education and training provider fees. There will be no changes to the continuing education and training fees this year. EMS will analyze these fees next year and bring the results to EMCC.

There is a proposed FY 2013/14 increase for initial application and annual renewal fees, and an additional \$25 for ambulance inspection fee.

Currently there is a \$40,000 to \$50,000 deficit depending on how many providers and how many units are inspected. San Diego is significantly lower than the average other counties collect for agency permit and vehicle inspection fees.

There was discussion on attaching these fees to an outside indicator like the Consumer Price Index (CPI). Currently this methodology is not an option for certification and ambulance ordinance fees.

EMCC showed support for the ambulance permit application, reapplication and inspection fees.

VI. TRAUMA TRENDS (Leslie Ray)

The latest trauma system numbers were presented. San Diego's catchment based trauma system began in 1984.

- A. In 2011, the majority of the trauma calls were run by City of San Diego, 21% by AMR, additional agencies have between 1% and 2% of the trauma calls. UCSD and Mercy receive half of the trauma patients, Sharp, Palomar and Scripps each receive around 15% and Children's Hospital receives all patients under the age of 15.

- B. A map was shown of trauma patients by incident zip codes for 2010 and 2011. During that time, the number of patients in the east area has almost doubled. Trauma admissions have been going up steadily, paralleled to the population increase. Rate of trauma admissions has remained stable. As the population increases and the number of trauma cases grow, the resource base needs to grow to accommodate those patients.
- C. In 2010, the leading mechanism of injury was from motor vehicle accidents, and data showed the beginning of an increase in falls with seniors and children. Due to the implementation of safety features such as airbags and booster seat laws there has been an improvement in motor vehicle related injuries for 2 to 5 year olds.

In 2011, the number of falls that were trauma related increased. Falls are the leading cause of trauma in children under 10 years old, as well as everyone over the age of 35. There was also a 27% increase in motorcycle trauma injuries. Males ages 25-34 have higher trauma patient admissions; ages 85 and older have a higher trauma rate and the higher risk.

There was discussion on alcohol and drug related assaults and the increase in the number of patients diagnosed as trauma patients.

- D. Length of stay (LOS) is less than 24 hours for trauma patients. The average LOS is 3 days, median LOS is 1 day. Mechanism of injury (MOI) on patient discharges was greater with fall related injuries; severity of injury was with self inflicted injuries. Median LOS was high among motorcycle injuries and is age related.
- E. Hospital deaths from falls were high as well as the mortality rate with self inflicted injuries. Changes with respect to MOI trauma deaths decreased with motor vehicle, pedestrian, sports and recreation. There was an increase in motorcycle, falls and self inflicted deaths.
- F. Major Trauma Outcome Study (MTOS) criteria is measured by frequency and percent, LOS, interfacility transfers, deaths and discharges.

Conclusion:

- Population trauma rate is steady
- Numbers (total burden) is increasing
- San Diego County trends show falls and motorcycle injuries are increasing faster than trauma admissions; there is a decreasing rate of penetrating injuries and a decreasing mortality rate, especially among those severely injured.

There was discussion on the impact of trauma related injuries from alcohol and traffic incidents, particularly around Casinos. Most are prehospital related injuries rather than trauma injuries.

VII. EMS MEDICAL DIRECTOR REPORT (Bruce Haynes, M.D.)

- A. There has been very few flu cases reported. Vaccination helps prevent influenza in the EMS work force and transmission to vulnerable patients.
- B. The State has released several regulations. EMS for Children (EMS-C) regulations are now closed for comment. Regulations for STEMI and Stroke have also been out for comment. Regulations include how to set up the system, criteria and qualifications for setting up the system, staffing and data requirements.
- C. Hospira is one of the major manufacturers that provide morphine to many of the prehospital providers. They did not renew their DEA license for intramuscular use so it is technically for intravenous use only. Prehospital is transitioning from the use of carpulets to vials which can be used both intravenous and intramuscular.
- D. The EMS Oversight Commission has been looking at the number of increasing opioid overdose deaths due to prescription narcotics. An initiative is being looked at to decrease and avoid overdoses by cutting back on renewing prescriptions for those that are chronically on pain medication, want a refill or say they lost their prescription. Patients that have been injured and have acute pain, chronic illnesses such as cancer will not have their pain medication withheld.
- E. EMS is continuing to monitor offload issues.

VIII. EMS STAFF REPORT (Marcy Metz, Chief EMS)

- A. The Health Safety Capacity Plan was distributed to the community yesterday as well as the letter from Dr. Wooten regarding the flu vaccine. An additional letter was sent out regarding Jury Duty postponement for healthcare workers. That letter was sent to the office of the Jury Commissioner asking to for waivers for healthcare workers through March 30, 2013. The letter gives the hospital administration and supervisors more authority to keep their healthcare workers working through the flu season.
- B. EMS is continuing to test iQCS. During that time continue to use the QCS CEMSIS system.
- E. Due to the upcoming holidays, EMCC does not meet in December. There will be elections of officers, Chair and Co-Chair, at the January meeting.
- C. The EMS Commission meets next week in San Francisco on December 5, 2012. Information from that meeting will be shared at the next EMCC meeting.

Additional Shared Information:

- 1. The Border Patrol is the County's first Advanced EMT (AEMT) provider. AEMT is a new service level in the State and National curriculum that is between EMT and paramedic. AEMT's will be giving care as of December 1, 2012.

The State applied for grants to help encourage the AEMT program. A Homeland Security Grant will provide a number of people to receive AEMT training to include AED (not cardiac monitoring), limited drugs, intravenous fluids and tourniquet use. A contract with the National College of Technical Instruction (NCTI) training program will have room for 30 to 32 people to take AEMT classes starting in January. The program will consist of one (1) month of didactic training, one (1) week of in clinical/hospital training and one (1) week field training. California has three (3) AEMT training locations, Sacramento, Riverside and San Diego.

When training is completed for AEMT licensing, it is required to be part of an AEMT provider agency in order to practice.

Action Item: The secretary will distribute the letters and the capacity plan mentioned in the EMS Staff Report to the EMCC.

2. Disaster Medical Assistant Team (CA-4 DMAT) based in San Diego was deployed for 18 days to New York City after hurricane Sandy. Nine (9) paramedics and two (2) EMT's from the County were deployed and involved with a 120 bed shelter and a 100 bed special needs shelter. Over 6,000 patients were managed. The area has just started to recovery stage.

New York City operates all shelters for the first 96 hours. Special needs shelters were run by the National County Department of Health. DMAT was involved with 10 special needs shelters including one that was exclusively for psychiatric needs. The Red Cross also had shelters in place.

Red Cross is working with the County to prepare for when a catastrophic event hits San Diego. Del Mar was suggested for a designated area for special needs shelters run by the County with Red Cross support. The California Hospital Association is working with the State on hospital generator issues for those hospitals that have generators underground or on the bottom floor. There were also concerns with fuel for the generators.

IX. NEXT MEETING/ADJOURNMENT

The next EMCC meeting is January 24, 2013.

Meeting was adjourned at 10:35 am.

Submitted by,

Janet I. Wolchko, Administrative Secretary III
County of San Diego, Emergency Medical Services